



THIS IS A PUBLIC RECORD SUBJECT TO DISCLOSURE.

APPLICATION FOR APPOINTMENT TO BOARD/COMMISSION/SPECIAL DISTRICT

Name of Board/Committee/Special District*:

Name of Applicant: Ms. Mr. _____

Residence Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ Supervisorial District: _____

Phone: (home) _____ (cell) _____ (business) _____

Email Address: _____

Are you registered as a voter at the residence listed above?: Yes No

(Optional, unless you are applying for an elected position.)

Ethnic Background: _____

(Optional, unless you are applying for an Ethnic Representative position.)

Experience or Special Knowledge Pertaining to Area of Interest: _____

Employment Experience: _____

Organization and Community Experience: _____

Education (high school, college, trade school, or training):

Note: There is no specific educational requirement.

Do you have any financial or professional interest or association related to this position?

Yes No If yes, please explain.

Other information continued from the first page (Optional):

Please list three references with telephone numbers:

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

A resume containing other pertinent information about yourself would be helpful to the Board members in evaluating your application.

Applicant Certification: PLEASE READ BEFORE SIGNING.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of Stanislaus County to contact organizations (including employers and schools) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

Date: _____ Signature: _____

***Please note that some Board, Commission and Special District members are required to file Statements of Economic Interests (Conflict of Interest Form 700).** Please view the fact sheet on our website at www.stancounty.com/board/boards-commissions.shtm for any Board, Commission or Special District to see if you will be required to file. More information is available from the California Fair Political Practices Commission (FPPC) website at www.fppc.ca.gov.

File this application with: Clerk of the Board of Directors
Del Puerto Health Care District
875 E Street
PO Box 187
Patterson, CA 95363
phone: 209-892-8781
email: admin@dphealth.org